IE	exas Ethics Commis	sion P.O. Box 12070 Austin, Texas 78711-2070 (512)	463-5800	(TDD 1-800-735-2989			
	PERSON	AL FINANCIAL STATEMENT		FORM PFS			
		4.		COVER SHEET			
	Filed in	n accordance with chapter 572 of the Government Code.	TOTAL NUMBER	R OF PAGES FILED:			
		uired in 2012, covering calendar year ending December 31, 2011.  M PFSINSTRUCTION GUIDE when completing this form.	ACCOUNT #				
1	NAME	TITLE; FIRST; MI	OF	FICE USE ONLY			
		John Wiley  NICKNAME; LAST; SUFFIX  Price	Date Received	Z012 APR 30  JOHN F. COUNTY			
2	ADDRESS	ADDRESS / PO BOX: APT / SUITE #, CITY: STATE: ZIP CODE  510 E. Fifth Street Dallas, Tx 75203	İ	78 30 18 5 18 5 18 5			
		510 E. Filth Street Dallas, 1x 75203		827 v m			
		1	Receipt #	12 E			
		(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount 5			
3	TELEPHONE	AREA CODE PHONE NUMBER: EXTENSION	Date Processed				
	NUMBER	(214 ) 943 8114	Date Imaged				
4	REASON FOR FILING	X CANDIDATE Dallas County Commissioner		(INDICATE OFFICE)			
	STATEMENT	☑ ELECTED OFFICER Dallas County Commissioner		(INDICATE OFFICE)			
		APPOINTED OFFICER		(INDICATE AGENCY)			
		EXECUTIVE HEAD		(INDICATE AGENCY)			
		☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT					
		STATE PARTY CHAIR		(INDICATE PARTY)			
		☐ OTHER		(INDICATE POSITION)			
5	Family members widependent children i	nose financial activity you are reporting (filer must report information about the filer had actual control over that activity):	financial activ	rity of the filer's spouse or			
	SPOUSE						
	DEPENDENT CI	HILD 1					
		2					
		3					
		8, you will disclose your financial activity during the preceding calendar					
	equired to disclose ver that person's fir	not only your own financial activity, but also that of your spouse or a dep nancial activity.	<del>endent child i</del>	you had actual control			
		CODY AND ATTACH ADDITIONAL DAGES AS N	ECESSAF	ov.			

**GOVERNMENT** EXHIBIT NO. 36

Revised 10/27/2011

3:14-CR-293-M

Texas Ethics Commission P.O. B	ox 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989			
SOURCES OF OCCU	PATION	ALINCOME		PART <b>1A</b>			
When reporting information about providing the number under which			the child about whom	you are reporting by			
1 INFORMATION RELATES TO	▼ FILER	☐ SPOUSE	DEPENDENT CH	LD			
<sup>2</sup> EMPLOYMENT			OF EMPLOYER / POSITION HELD Filer's Home Address)				
☐ EMPLOYED BY ANOTHER	Dallas C	County Commissioner 411 I	Elm Street, Rm 213 Da	allas, Tx 75202			
-							
SELF-EMPLOYED		NATURE	OF OCCUPATION				
INFORMATION RELATES TO	☐ FILER	SPOUSE	DEPENDENT CHI	LD			
EMPLOYMENT			OF EMPLOYER / POSITION HELD Filer's Home Address)				
☐ EMPLOYED BY ANOTHER							
SELF-EMPLOYED		NATURE	OF OCCUPATION				
INFORMATION RELATES TO	FILER	SPOUSE	☐ DEPENDENT CHI	LD			
EMPLOYMENT			OF EMPLOYER / POSITION HELD filer's Home Address)				
☐ EMPLOYED BY ANOTHER							
SELF-EMPLOYED		NATURE	OF OCCUPATION				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY							

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)						
RETAINERS				PART 1B						
NOTAPPLICABLE										
This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. For more information, see FORM PFS—INSTRUCTION GUIDE.										
When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.										
1 FEE RECEIVED FROM		NAME AN	DADDRESS							
2		NAME C	OF BUSINESS							
FEE RECEIVED BY	FILER									
		ER'S BUSINESS								
	☐ SPOUS	SE OUSE'S BUSINESS								
		NDENT CHILD								
FEE AMOUNT	☐ LESS	THAN \$5,000	\$10,000\$24,999	\$25,000-OR MORE						
FEE RECEIVED FROM		NAME AND	ADDRESS							
PEE REGEIVED PROIV										
FEE RECEIVED BY		NAME O	F BUSINESS							
	☐ FILER OR FIL	ER'S BUSINESS								
	☐ spous OR SP	SE OUSE'S BUSINESS								
		IDENT CHILD								
FEE AMOUNT	LESS	THAN \$5,000	S10,000\$24,999	☐ \$25,000OR MORE						
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY										

Texas Ethics Commission P	P.O. Box 12070	Austin,	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)				
STOCK					PART 2				
NOTAPPLICABLE									
and indicate the category of the	List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFSINSTRUCTION GUIDE.								
When reporting information a providing the number under wh				e child about whom	you are reporting by				
<sup>1</sup> BUSINESS ENTITY			,	NAME					
<sup>2</sup> STOCK HELD OR ACQUIRE	DBY FILER	3	SPOUSE	DEPENDENT CHI	LD				
3 NUMBER OF SHARES	□LESS	THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999				
THOMBEN OF GIVINED	100000	TO 9,999	☐ 10,000 OR MO	RE					
4 IF SOLD ☐ NET GA☐ NET LOS	IN LESS	THAN \$5,00	00	S10,000\$24,999	☐ \$25,000OR MORE				
BUSINESS ENTITY			,	NAME					
STOCK HELD OR ACQUIRE	D BY FILER	<b>?</b>	SPOUSE	DEPENDENT CHI	LD				
NUMBER OF SHARES	LESS	THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999				
	5,000	TO 9,999	☐ 10,000 OR MO	RE					
IF SOLD ☐ NET GA	L LESS	THAN \$5,00	00	\$10,000 <b>\$24</b> ,999	☐ \$25,000—OR MORE				
BUSINESS ENTITY			1	IAME					
STOCK HELD OR ACQUIRE	DBY   FILER	,	SPOUSE	DEPENDENT CHIL	D				
		7	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999				
NUMBER OF SHARES		THAN 100 TO 9,999	☐ 10.000 OR MOI		1,000 TO 4,999				
IF SOLD ☐ NET GAI					П				
□ NET LOS	L LEGO	THAN \$5,00	00	<b>\$10,000\$24,999</b>	☐ \$25,000-OR MORE				
BUSINESS ENTITY			h	IAME					
STOCK HELD OR ACQUIRED	DBY   FILER		SPOUSE	DEPENDENT CHIL	.D				
NUMBER OF SHARES	□ LESS	THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999				
Hombert of Oracid		TO 9,999	☐ 10,000 OR MOR						
IF SOLD NET GAI	L LEGG	THAN \$5,00	55,000\$9,999	S10,000-\$24,999	☐ \$25,000OR MORE				
BUSINESS ENTITY				IAME					
STOCK HELD OR ACQUIRED	DBY FILER	j	SPOUSE	DEPENDENT CHIL	D				
				☐ 500 TO 999					
NUMBER OF SHARES	100000000000000000000000000000000000000	THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOR		☐ 1,000 TO 4,999				
IF SOLD □ NET GAI	N LESS	TO 9,999 THAN \$5,00		\$10,000-\$24,999	\$25,000OR MORE				
	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY								

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Texas Ethics Commission	P.O. Box 12070	Austin, Te	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)			
BONDS, NOTES  NOTAPPLICABLE	& OTHER C	ОММЕ	RCIAL PAP	ER	PART 3			
List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS—INSTRUCTION GUIDE.  When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.								
DESCRIPTION OF INSTRUMENT								
<sup>2</sup> HELD OR ACQUIRED BY	<b>☑</b> FILER		SPOUSE	☐ DEPENDENT C	HILD			
IF SOLD  NET GAIN  NET LOSS	☐ LESS	THAN \$5,000	□ <b>x</b> \$5,000\$9,999	S10,000\$24,999	☐ \$25,000OR MORE			
DESCRIPTION OF INSTRUMENT								
HELD OR ACQUIRED BY	x FILER		SPOUSE	☐ DEPENDENT C	HILD			
IF SOLD  NET GAIN  NET LOSS	₩.LESS 1	THAN \$5,000	S5,000—\$9,999	S10,000\$24,999	☐ \$25,000OR MORE			
DESCRIPTION OF INSTRUMENT	4							
HELD OR ACQUIRED BY	☐ FILER		SPOUSE	☐ DEPENDENT C	HILD			
IF SOLD  NET GAIN  NET LOSS	<b>□</b> LESS 1	HAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	☐ \$25,000OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY								
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Texas Ethics Commission	on P.O. Box	12070 Austin, Tex	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)				
MUTUAL FU	INDS				PART 4				
☐ NOTAPPLICA	ABLE		1						
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS—INSTRUCTION GUIDE.  When reporting information about a dependent child's activity, indicate the child about whom you are reporting by									
providing the number under which the child is listed on the Cover Sheet.									
MUTUAL FUND     Deferred Life Annuity State Farm Insurance									
2 SHARES OF MUTUA HELD OR ACQUIRE		X FILER	SPOUSE	DEPENDENT CHIL	LD				
3 NUMBER OF SHARE	ES .	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	1,000 TO 4,999				
OF MUTUAL FUND		☐ 5,000 TO 9,999	☐ 10,000 OR MORE						
4 IF SOLD	■ NET GAIN	X LESS THAN \$5,000	\$5,000-\$9,999	S10,000\$24,999	☐ \$25,000OR MORE				
MUTUAL FUND			NA	ME					
		Nationwide Deferre	ed Compensation						
SHARES OF MUTUA HELD OR ACQUIRE		X FILER	SPOUSE	DEPENDENT CHILD					
NUMBER OF SHARE	ES	X LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999				
OF MUTUAL FUND		☐ 5,000 TO 9,999	☐ 10,000 OR MOR	E					
	NET GAIN	LESS THAN \$5,000	S5,000-S9,999	S10,000\$24,999	<b>₹</b> \$25,000-OR MORE				
MUTUAL FUND			NA	ME					
SHARES OF MUTUA HELD OR ACQUIRED		FILER	SPOUSE	DEPENDENT CHIL	.D D				
NUMBER OF SHARE	S	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	1,000 TO 4,999				
OF MUTUAL FUND		☐ 5,000 TO 9,999	☐ 10,000 OR MOR	E					
IF SOLD	☐ NET GAIN	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	☐ \$25,000-OR MORE				
	COPY	AND ATTACH ADDITIO	NAL PAGES AS NE	CESSARY					

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Texas Ethics Commission P.C	Box 12070 Austin, Tex	kas 78711-2070	(512) 463-5800	(TDD 1-800-735-298		
INCOME FROM INT	EREST, DIVIDEN	IDS, ROYAI	TIES & REN	ITS PART 5		
List each source of income you interest, dividends, royalties, and more information, see FORM PFS When reporting information abproviding the number under which	rents during the calendar year- INSTRUCTION GUIDE. But a dependent child's ac	ear and indicate the	category of the amo	unt of the income. For		
1 SOURCE OF INCOME	NAME AND ADDRESS  Lakeside National Bank P O Box 9 Rockwall, Tx 75087					
<sup>2</sup> RECEIVED BY	X FILER	SPOUSE	☐ DEPENDENT C	HILD		
3 AMOUNT	X \$500-\$4,999	\$5,000\$9,999	S10,000-\$24,999	☐ \$25,000OR MORE		
SOURCE OF INCOME	Go Credit Union 5429 LBJ Freeway,		Tx 75240			
RECEIVED BY	₹ FILER	SPOUSE	☐ DEPENDENT C	HILD		
AMOUNT	☒ \$500-\$4,999	S5,000-\$9,999	S10,000-\$24,999	S25,000OR MORE		
SOURCE OF INCOME	5Linx Entrprice Inc.		ADDRESS Rochester NY 146	23		
RECEIVED BY	X FILER	SPOUSE	☐ DEPENDENT C	HILD		

X \$500--\$4,999

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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**AMOUNT** 

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☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5 NOTAPPLICABLE List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS SOURCE OF INCOME EDG Resources, Inc. 1111 Bagby Sky Lobby 2 PO Box 4362 Houston, Tx 77210 2 RECEIVED BY DEPENDENT CHILD \_\_\_ X FILER SPOUSE **AMOUNT** ★ \$5,000--\$9,999 □ \$10,000--\$24,999 □ \$25,000--OR MORE \$500-\$4,999 NAME AND ADDRESS SOURCE OF INCOME Rental Properties 514 E. Fifth Street Dallas, Tx 75203 RECEIVED BY DEPENDENT CHILD \_\_\_ FILER SPOUSE **AMOUNT** ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE X \$500-\$4,999 NAME AND ADDRESS SOURCE OF INCOME RECEIVED BY X FILER SPOUSE DEPENDENT CHILD \_\_\_\_\_

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

X \$500-\$4,999

**AMOUNT** 

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☐ \$5,000-\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE

Texas Ethics Commission F	.O. B	ox 12070	Austin, Te	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)			
PERSONAL NOTE	S	AND LEA	SEA	GREEMENT	S	PART 6			
NOTAPPLICABLE									
Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS-INSTRUCTION GUIDE.									
When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.									
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT		Lakeside Natio P. O. Box 9 Rockwall, Tx 7							
<sup>2</sup> LIABILITY OF		FILER		SPOUSE	☐ DEPENDENT C	HILD			
<sup>3</sup> GUARANTOR									
4 AMOUNT		☐ \$1,000-	54,999	\$5,000-\$9,999	S10,000-\$24,999	\$25,000-OR MORE			
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT		Dal Telco Cre 5429 LBJ Fre Dallas, Texas	eway, Sui	te 100					
LIABILITY OF		FILER		SPOUSE	☐ DEPENDENT C	HILD			
GUARANTOR									
AMOUNT		☐ <b>\$</b> 1,000—	\$4,999	\$5,000—\$9,999	<b>\$10,000—\$24,999</b>	☒ \$25,000—OR MORE			
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT		Brenda Jacks 5539 McCom Dallas, Texas	mas						
LIABILITY OF		☑ FILER		SPOUSE	☐ DEPENDENT C	HILD			
GUARANTOR									
AMOUNT		☐ \$1,000	\$4,999	\$5,000—\$9,999	\$10,000 <b>—\$24</b> ,999	X \$25,000−OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY									
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Texas Ethics Commission P	O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)
INTERESTS IN RE	AL PROPERTY PART 7A
☐ NOTAPPLICABLE	
calendar year. If the interest wa For an explanation of "benefic INSTRUCTION GUIDE.	s in real property held or acquired by you, your spouse, or a dependent child during the s sold, also indicate the category of the amount of the net gain or loss realized from the sale. cial interest" and other specific directions for completing this section, see FORM PFS—bout a dependent child's activity, indicate the child about whom you are reporting by
providing the number under wh	ich the child is listed on the Cover Sheet.
1 HELD OR ACQUIRED BY	I FILER □ SPOUSE □ DEPENDENT CHILD □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
2 STREETADDRESS  NOT AVAILABLE CHECK IF FILER'S HOME ADDRE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE  406 E. Fifth Street Dallas, Tx 75203 Dallas County
3 DESCRIPTION  ☑ LOTS  ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1 Lot Dallas County Texas  Robinson Park Place
A NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)	Bank of America P. O. Box 5170 Simi Valley, CA 93062-5170
F SOLD  NET GAIN  □ NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☒ \$25,000-OR MORE
HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD
STREET ADDRESS  NOT AVAILABLE  SCHECK IF FILER'S HOME ADDRE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 510/514 E. Fifth Street Dallas County Texas 75203
DESCRIPTION  LOTS  ACRES	1; ROBINSON PARK PLACE 2; BLK 3/3039 LOTS 3,4 & E 5.5'LOT 2
NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)	Nationstar Mortgage P. O. Box 65073 Dallas, Texas 75265
IF SOLD  ★ NET GAIN  □ NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 ☐ \$10,000—\$24,999 ☐ \$25,000—OR MORE
COF	Y AND ATTACH ADDITIONAL PAGES AS NECESSARY
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exas Ethics Commission P.O. B	ox 12070	Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
INTERESTS IN REAL	PROPE	RTY			PART <b>7A</b>
NOTAPPLICABLE					
Describe all beneficial interests in calendar year. If the interest was so For an explanation of "beneficial i INSTRUCTION GUIDE.	ld, also indicat	te the categ	ory of the amount of	of the net gain or loss	realized from the sale.
When reporting information about providing the number under which t				child about whom	you are reporting by
HELD OR ACQUIRED BY	☑ FILER	[	SPOUSE	☐ DEPENDENT C	HILD
STREET ADDRESS  NOT AVAILABLE  CHECK IF FILER'S HOME ADDRESS	621 N. Mars Dallas Coun	alis	STREET ADDRESS, INCLUDIN	NG CITY, COUNTY, AND STATE	
DESCRIPTION  LOTS  ACRES	Original Oal Bill and Jan Desoto, Tex	k Cliff 56/303 ie Henry (50	37 N. 75FT.LT3	NAME OF COUNTY WHERE LO	CATED
NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)					
F SOLD  ✓ NET GAIN  □ NET LOSS	LESS	THAN \$5,000	S5,000\$9,999	S10,000\$24,999	▼ \$25,000-OR MORE
HELD OR ACQUIRED BY	FILER		SPOUSE	☐ DEPENDENT C	HILD
STREET ADDRESS  NOTAVAILABLE  CHECK IF FILER'S HOME ADDRESS	715 N. Mars Dallas Coun	alis	STREET ADORESS, INCLUDI	NG CITY, COUNTY, AND STATE	ı
DESCRIPTION  LOTS  ACRES	Original Oa BLK 40/302	k Cliff	ER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LO	CATED
NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)	Bill and Jani Desoto, Texa				

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☐ NET LOSS

IF SOLD

\* NET GAIN

Revised 11/17/2010

☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 ☐ \$10,000—\$24,999 ☐ \$25,000—OR MORE

Texas Ethics Commission P.O. B	ox 12070	Austin, Tex	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
INTERESTS IN REAL	PROPE	RTY			PART 7A
NOTAPPLICABLE					
Describe all beneficial interests in calendar year. If the interest was so For an explanation of "beneficial in INSTRUCTION GUIDE.  When reporting information about providing the number under which the state of th	ld, also indica nterest" and a depender	other speci	ory of the amount fic directions for ctivity, indicate th	of the net gain or loss completing this secti	realized from the sale. on, see FORM PFS
1 HELD OR ACQUIRED BY	☑ FILER	[	SPOUSE	☐ DEPENDENT O	CHILD
2 STREET ADDRESS  NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	16800 LBJ Mesquite D			DING CITY, COUNTY, AND STAT	E
3 DESCRIPTION  LOTS  ACRES	Theophale		er of lots or acres an Ibst 1461 P172 Tr	ID NAME OF COUNTY WHERE LI	OCATED
A NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)	211 N. J	White 1/2 Inter lobson ale, TX 7518	1,00,000		-
F SOLD  ☐ NET GAIN ☐ NET LOSS	LESS	THAN \$5,000	\$5,000-\$9,99	9 🔲 \$10,000\$24,999	☒ \$25,000—OR MORE
HELD OR ACQUIRED BY	FILER	. 1	SPOUSE	☐ DEPENDENT (	CHILD
STREET ADDRESS  NOT AVAILABLE  CHECK IF FILER'S HOME ADDRESS		8	STREET ADDRESS, INCLU	DING CITY, COUNTY, AND STAT	E
DESCRIPTION  The lots  Acres		NUMBE	ER OF LOTS OR ACRES AN	IO NAME OF COUNTY WHERE L	OCATED
NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)					
IF SOLD  ** NET GAIN  NET LOSS	LESS	THAN \$5,000	\$5,000-\$9,99	9 🗌 \$10,000-\$24,999	□ \$25,000-OR MORE

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) INTERESTS IN REAL PROPERTY PART 7A NOTAPPLICABLE Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2 STREET ADDRESS NOTAVAILABLE 619 N. Marsalis Dallas County Tx CHECK IF FILER'S HOME ADDRESS NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 3 DESCRIPTION Oak Cliff Original PT Lots 2 & 3 X LOTS 56x150 Acs 0.180 Marsalis 169 FR 5th ACRES <sup>4</sup> NAMES OF PERSONS Bill and Janey Henry RETAINING AN INTEREST Desoto, Tx 75115 NOT APPLICABLE (SEVERED MINERAL INTEREST) 5 IF SOLD X NET GAIN ☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 ☐ \$10,000—\$24,999 ☒ \$25,000—OR MORE ☐ NET LOSS HELD OR ACQUIRED BY FILER SPOUSE ☐ DEPENDENT CHILD \_ STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE STREETADDRESS NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED DESCRIPTION LOTS ACRES NAMES OF PERSONS

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

LESS THAN \$5,000 S5,000--\$9,999 S10,000--\$24,999 S25,000--OR MORE

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NETLOSS

IF SOLD

☐ NET GAIN

RETAINING AN INTEREST

NOT APPLICABLE

(SEVERED MINERAL INTEREST)

Texas Ethics Commission P.O. E	3ox 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)				
INTERESTS IN BUSINESS ENTITIES PART 7B									
NOTAPPLICABLE		4							
Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.  When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.									
1 HELD OR ACQUIRED BY	FILER		SPOUSE	DEPENDENT C	HILD				
<sup>2</sup> DESCRIPTION				DADDRESS er's Home Address)					
3 IF SOLD  ☑ NET GAIN ☐ NET LOSS	LESS	THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	☑ \$25,000-OR MORE				
HELD OR ACQUIRED BY	FILER		SPOUSE	☐ DEPENDENT C	HILD				
DESCRIPTION	NAME AND ADDRESS (Check If Filer's Home Address)								
IF SOLD  NET GAIN  NET LOSS	LESS	THAN \$5,000	\$5,000-\$9,999	S10,000-\$24,999	S25,000-OR MORE				
HELD OR ACQUIRED BY	FILER		SPOUSE	☐ DEPENDENT C	HILD				
DESCRIPTION				D ADDRESS ler's Home Address)					
IF SOLD  NET GAIN  NET LOSS	LESS	THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000-OR MORE				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY									
Revised 11/17/2010									

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GIFTS				PART 8	
NOTAPPLICABLE					
Identify any person or organization that has given a gift worth more than \$250 to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate, must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, see FORM PFS—INSTRUCTION GUIDE.  When reporting information about a dependent child's activity, indicate the child about whom you are reporting by					
providing the number under which	the child is liste				
1 DONOR		NAME A	ND ADDRESS		
<sup>2</sup> RECIPIENT	FILER	☐ SPOUSE	☐ DEPENDENT CH	HLD	
DESCRIPTION OF GIFT					
DONOR		NAME /	AND ADDRESS		
X					
RECIPIENT	☐ FILER	SPOUSE	DEPENDENT CH	IILD	
	-				
DESCRIPTION OF GIFT					
		NAME /	AND ADDRESS		
DONOR					
DECIDIENT		Пароцог		## D	
RECIPIENT	☐ FILER	SPOUSE	☐ DEPENDENT CH	11LD	
DESCRIPTION OF GIFT					
COPY	AND ATTAC	H ADDITIONAL PAGES A	AS NECESSARY		
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TRUST INCOME					PART 9
x NOTAPPLICABLE					
Identify each source of income category of the amount of incothan \$500 in income, if the ide When reporting information providing the number under w	me received. A ntity of the asset about a depend	lso identify ea is known. Fo lent child's a	ch asset of the trust or more information, ctivity, indicate the	from which the bene see FORM PFS-IN	eficiary received more STRUCTION GUIDE.
1		7-7-1	NAME O	OF TRUST	
SOURCE					
<sup>2</sup> BENEFICIARY	FILE	ER .	SPOUSE	☐ DEPENDENT C	CHILD
3 INCOME	LES	S THAN \$5,000	S5,000-\$9,999	S10,000-\$24,999	☐ \$25,000—OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVE	ED .		9:		
UNKNOWN					
SOURCE			NAME C	OF TRUST	
BENEFICIARY	FILE	ER	SPOUSE	☐ DEPENDENT C	CHILD
INCOME	LES	S THAN \$5,000	<b>\$5,000—\$9,999</b>	S10,000-\$24,999	☐ \$25,000—OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED UNKNOWN	ED .				
SOURCE			NAME	OF TRUST	
BENEFICIARY	FILE	ER	SPOUSE	☐ DEPENDENT (	CHILD
INCOME	LES	SS THAN \$5,000	<b>\$5,000—\$9,999</b>	\$10,000 <b>—\$24</b> ,999	☐ \$25,000-OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVE	ED		die		
CO	PY AND ATT	CH ADDITION	ONAL PAGES AS	NECESSARV	
	I AND ATTA	CII ADDIII	DIAL TAGES AS	HEULOGAN	

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BLIND TRUSTS  X NOTAPPLICABLE					PART 10A
Identify each blind trust that of GUIDE.	complies	s with section 572.023(	c) of the Governme	nt Code. See FORM	PFS-INSTRUCTION
When reporting information providing the number under	about which th	a dependent child's a e child is listed on the	ctivity, indicate the Cover Sheet.	child about whom	you are reporting by
1 NAME OF TRUST					
<sup>2</sup> TRUSTEE			NAME AN	DADDRESS	
<sup>3</sup> BENEFICIARY		FILER	SPOUSE	☐ DEPENDENT (	CHILD
<sup>4</sup> FAIR MARKET VALUE		LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000—OR MORE
<sup>5</sup> DATE CREATED					
NAME OF TRUST			V. V.		9
TRUSTEE			NAME AT	ND ADDRESS	
BENEFICIARY		FILER	SPOUSE	☐ DEPENDENT	CHILD
FAIR MARKET VALUE		LESS THAN \$5,000	S5,000—\$9,999	S10,000-\$24,999	☐ \$25,000—OR MORE
DATE CREATED					
NAME OF TRUST					
TRUSTEE			NAME AI	ND ADDRESS	
BENEFICIARY		FILER	SPOUSE	DEPENDENT	CHILD
FAIR MARKET VALUE		LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	☐ \$25,000OR MORE
DATE CREATED					
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TRUSTEE STA	TEMENT			PART 10B
NOTAPPLICABLE				
	trustee of each blind tru	nd trust on Part 10A of the Per ust listed on Part 10A. The port		
1 NAME OF TRUST				
2 TRUSTEE NAME		(* 1		
FILER ON WHOSE BEHALF STATEMENT IS BEING FILED		NAME	-	
4 TRUSTEE STATEMENT	trust except infor	nalty of perjury, that I have not rev mation that may be disclosed un o the best of my knowledge, the de.	der section 572.023 (t	o)(8) of the Government
		Т	rustee Signature	
8 572.023. Contents of	Financial Statement		rustee Signature	
§ 572.023. Contents of	81.00 PACE RESERVED	in General	rustee Signature	
(b) The account of finance (8) identification than a blind trust	cial activity consists of: of the source and the c that complies with Sub	in General ategory of the amount of all increasection (c), and identification of	ome received as ben	eficiary of a trust, other nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which incom	cial activity consists of: of the source and the c that complies with Sub ne was received by the	in General attegory of the amount of all inc	ome received as ben each trust asset, if kr	eficiary of a trust, other nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which incom (14) identification	cial activity consists of: of the source and the c that complies with Sub ne was received by the	in General  ategory of the amount of all inconsection (c), and identification of beneficiary in excess of \$500; at complies with Subsection (c)	ome received as ben each trust asset, if kr	eficiary of a trust, other nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which incone (14) identification (A) the cone	cial activity consists of: of the source and the control that complies with Sub- me was received by the on of each blind trust the	in General  category of the amount of all inconsection (c), and identification of the beneficiary in excess of \$500; at complies with Subsection (c) ket value of the trust;	ome received as ben each trust asset, if kr	eficiary of a trust, other nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which incone (14) identification (A) the cone (B) the cone	cial activity consists of: of the source and the c that complies with Sub- me was received by the on of each blind trust the category of the fair man	in General  attegory of the amount of all inconsection (c), and identification of a beneficiary in excess of \$500; at complies with Subsection (c) ket value of the trust; ted;	ome received as ben each trust asset, if kr	eficiary of a trust, other nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which incone (14) identification (A) the cone (B) the cone	cial activity consists of: of the source and the council that complies with Subme was received by the on of each blind trust the category of the fair mandate the trust was created	in General  attegory of the amount of all inconsection (c), and identification of a beneficiary in excess of \$500; at complies with Subsection (c) ket value of the trust; ted;	ome received as ben each trust asset, if kr ), including:	eficiary of a trust, other nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which incone (14) identification (A) the cone (B) the cone (C) the recone (D) a state (i) the	cial activity consists of: of the source and the council that complies with Subme was received by the on of each blind trust the category of the fair mandate the trust was creat mame and address of the aternent signed by the te	in General  ategory of the amount of all inconsection (c), and identification of the beneficiary in excess of \$500; at complies with Subsection (c) ket value of the trust; ted; he trustee; and	ome received as ben each trust asset, if kr ), including: y, stating that:	nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which incone (14) identification (A) the cone (B) the cone (C) the recommendation (D) a state of the cone (III) the cone of the	cial activity consists of: of the source and the council that complies with Subme was received by the on of each blind trust the category of the fair mandate the trust was creat name and address of the atement signed by the to the trustee has not reveal er Subdivision (8); and	in General  category of the amount of all inconsection (c), and identification of the beneficiary in excess of \$500; at complies with Subsection (c) ket value of the trust; ted; he trustee; and trustee, under penalty of perjur	ome received as ben each trust asset, if kn ), including: y, stating that: ual, except informatio	nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which income (14) identification (A) the composition (B) the composition (C) the model (i) the composition (ii) the composition (iii) the composition (b) a state (iii) the composition (iiii) the composition (iiii) the composition (iiii) the composition (iiii) the composition (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	cial activity consists of: of the source and the council that complies with Subme was received by the on of each blind trust the category of the fair mandate the trust was creat name and address of the atternent signed by the to the trustee has not reveal er Subdivision (8); and to the best of the truste	in General  category of the amount of all inconsection (c), and identification of the beneficiary in excess of \$500; at complies with Subsection (c) ket value of the trust; ted; the trustee; and trustee, under penalty of perjurited any information to the individual	ome received as benieach trust asset, if kn ), including: y, stating that: ual, except information	nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which incone (14) identification (A) the cone (B) the cone (C) the recone (D) a state (i) the under cone (ii) the cone (c) For purposes of Substate cone	cial activity consists of: of the source and the council that complies with Subme was received by the on of each blind trust the category of the fair mandate the trust was creat name and address of the atternent signed by the to the trustee has not reveal er Subdivision (8); and to the best of the truste	in General  ategory of the amount of all inconsection (c), and identification of the beneficiary in excess of \$500; at complies with Subsection (c) ket value of the trust; ted; the trustee; and trustee, under penalty of perjurited any information to the individuals of the trust complete showledge, the trust complete showledge.	ome received as benieach trust asset, if kn ), including: y, stating that: ual, except information	nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which income (14) identification (A) the composition (B) the composition (C) their (D) a state (i) the understand (ii) the composition (C) For purposes of Subsection (1) the trustee:	cial activity consists of: of the source and the council that complies with Subme was received by the on of each blind trust the category of the fair mandate the trust was creat name and address of the atement signed by the to the trustee has not reveal er Subdivision (8); and to the best of the truste sections (b)(8) and (14)	in General  ategory of the amount of all inconsection (c), and identification of the beneficiary in excess of \$500; at complies with Subsection (c) ket value of the trust; ted; the trustee; and trustee, under penalty of perjurited any information to the individuals of the trust complete showledge, the trust complete showledge.	ome received as benieach trust asset, if kn ), including: y, stating that: ual, except information	nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which income (14) identification (A) the composition (B) the composition (C) the model (ii) the under (iii) the composition (C) For purposes of Subsection (A) is a composition (B) the trustee:  (A) is a composition (B) in the composition (C) the model (C) the model (C) the model (C) the composition (C) the trustee:  (B) the composition (C) the compositio	cial activity consists of: of the source and the country that complies with Subme was received by the on of each blind trust the category of the fair mandate the trust was creat name and address of the aterment signed by the to the trustee has not reveal er Subdivision (8); and to the best of the truste sections (b)(8) and (14) disinterested party;	in General  ategory of the amount of all inconsection (c), and identification of the beneficiary in excess of \$500; at complies with Subsection (c) ket value of the trust; ted; the trustee; and trustee, under penalty of perjurited any information to the individuals of the trust complete showledge, the trust complete showledge.	ome received as benieach trust asset, if kn ), including: y, stating that: ual, except information	nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which income (14) identification (A) the composition (A) the composition (C) the recomposition (C) the recomposition (C) the recomposition (C) the trustee:  (C) For purposes of Subsection (C) the trustee:  (A) is a composition (C) the trustee:  (B) is no	cial activity consists of: of the source and the country that complies with Subme was received by the on of each blind trust the category of the fair mark date the trust was creat name and address of the atement signed by the trustee has not reveal er Subdivision (8); and to the best of the truste sections (b)(8) and (14) disinterested party; of the individual;	in General  category of the amount of all inconsection (c), and identification of the beneficiary in excess of \$500; at complies with Subsection (c) that complies with Subsection (c) that can be trust; and trustee; and trustee, under penalty of perjurited any information to the individuals of the trust complete in the second complete in the s	ome received as benie each trust asset, if known including:  y, stating that: ual, except information items with this section. nich:	nown to the beneficiary,
(b) The account of finance (8) identification than a blind trust from which income (14) identification (A) the composition (B) the composition (C) the result of the composition (C) the result of the composition (B) is not (C) is not composition (B) is not (C) is not composition (C) is not composit	cial activity consists of: of the source and the country that complies with Subme was received by the on of each blind trust the category of the fair mark date the trust was creat name and address of the atement signed by the trustee has not reveal er Subdivision (8); and to the best of the truste sections (b)(8) and (14) disinterested party; of the individual;	in General  category of the amount of all inconsection (c), and identification of the beneficiary in excess of \$500; at complies with Subsection (c) ket value of the trust; ted; the trustee; and trustee, under penalty of perjurited any information to the individuals of the trust complete and trust as to with the set of the the	ome received as benie each trust asset, if known including:  y, stating that: ual, except information items with this section. nich:	nown to the beneficiary,

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust

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supervises; and

assets without consulting or notifying the individual.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) PART 11A ASSETS OF BUSINESS ASSOCIATIONS NOTAPPLICABLE Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS BUSINESS (Check If Filer's Home Address) **ASSOCIATION** BUSINESS TYPE 3 HELD, ACQUIRED, FILER ☐ SPOUSE ☐ DEPENDENT CHILD — OR SOLD BY CATEGORY 4 ASSETS DESCRIPTION ☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 \$10,000-\$24,999 ☐ \$25,000--OR MORE LESS THAN \$5,000 S5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 \$10,000-\$24,999 ☐ \$25,000—OR MORE ☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 \$10,000-\$24,999 ☐ \$25,000-OR MORE ☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 ☐ \$25,000—OR MORE \$10,000-\$24,999 ☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 \$10,000-\$24,999 ☐ \$25,000-OR MORE ☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 \$10.000-\$24.999 \$25,000-OR MORE ☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 \$10,000-\$24,999 ☐ \$25,000—OR MORE COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY Revised 11/17/2010 www.ethics.state.tx.us

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LIABILITIES OF E	SUSINESSA	SSOCIATIONS		PART 11B		
NOTAPPLICABLE						
Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS—INSTRUCTION GUIDE.  When reporting information about a dependent child's activity, indicate the child about whom you are reporting by						
providing the number under	which the child is lis	sted on the Cover Sheet.	ADDECC			
<sup>1</sup> BUSINESS ASSOCIATION			ADDRESS 's Home Address)			
<sup>2</sup> BUSINESS TYPE						
3 HELD, ACQUIRED, OR SOLD BY	FILER	SPOUSE	DEPENDENT	CHILD		
4 LIABILITIES	D	ESCRIPTION	CATE	GORY \$5,000—\$9,999		
				☐ \$25,000OR MORE		
			LESS THAN \$5,000	☐ \$5,000-\$9,999 ☐ \$25,000-OR MORE		
			310,000—324,999			
×			LESS THAN \$5,000	\$5,000-\$9,999		
			\$10,000-\$24,999	\$25,000-OR MORE		
			LESS THAN \$5,000	S5,000—\$9,999		
			\$10,000-\$24,999	\$25,000-OR MORE		
			LESS THAN \$5,000	<b>\$5,000—\$9,999</b>		
			\$10,000-\$24,999	☐ \$25,000OR MORE		
			LESS THAN \$5,000	\$5,000-\$9,999		
			\$10,000-\$24,999	☐ \$25,000OR MORE		
		* * * * * * * * * * * * * * * *	LESS THAN \$5,000	<b>\$5,000-\$9,999</b>		
			\$10,000-\$24,999	☐ \$25,000—OR MORE		
				\$5,000 <b>-</b> \$9,999		
			LESS THAN \$5,000	\$5,000-\$9,999		
	OPY AND ATTAC	CH ADDITIONAL PAGES				
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BOARDS AND E	XECUTIVE	POSITIONS		PART 12
□ NOTAPPLICABLE				**************************************
your spouse, or a depende ships, professional corporal stating the name of the orga	ent child hold in corp tions, professional a anization and the pos	oouse, or a dependent child are orations, firms, partnerships, ssociations, joint ventures, oth cition held. For more information and the control of the con	limited partnerships, liner business association on, see FORM PFSIN	mited liability partner- ns, or proprietorships, STRUCTION GUIDE.
providing the number unde		ent child's activity, indicate the sted on the Cover Sheet.	ne child about whom	you are reporting by
1 ORGANIZATION	KwanzaaFest, Inc.			
POSITION HELD	Chairman & Found	er		
<sup>3</sup> POSITION HELD BY	X FILER	SPOUSE	☐ DEPENDENT C	CHILD
ORGANIZATION				
POSITION HELD				
POSITION HELD BY	☐ FILER	SPOUSE	☐ DEPENDENT (	CHILD
ORGANIZATION				
POSITION HELD			×	
POSITION HELD BY	☐ FILER	SPOUSE	☐ DEPENDENT (	CHILD
ORGANIZATION				
POSITION HELD				
POSITION HELD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT	CHILD
ORGANIZATION				
POSITION HELD				
POSITION HELD BY	☐ FILER	SPOUSE	DEPENDENT	CHILD
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EXPENSES AC	CEPTED UNDER HONORARIUM EXCEPTION PART 13
NOTAPPLICABLE	
of the Penal Code, in conn audience or participating transportation, meals, or lo on a campaign finance rep	ovided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) ection with a conference or similar event in which you rendered services, such as addressing an n a seminar, that were more than perfunctory. Also provide the amount of the expenditures on odging. You are not required to include items you have already reported as political contributions ort, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the ore information, see FORM PFS—INSTRUCTION GUIDE.
PROVIDER	NAME AND ADDRESS
MOVIDEN	National Association of Black Social Workers 2305 Martin Luther King Jr. Ave Washington, DC 20020
AMOUNT	\$1500.00
	NAME AND ADDRESS
PROVIDER	
AMOUNT	
	NAME AND ADDRESS
PROVIDER	NAME AND ADDRESS
AMOUNT	
	×
PROVIDER	NAME AND ADDRESS
AMOUNT	

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INTEREST IN BUS	INESS IN (	COMMON	WITH LOE	BYIST	PART 1	4
NOTAPPLICABLE						
Identify each corporation, firm, p sional association, joint venture spouse, or a dependent child, an an interest. For more informatio	, or other busine d a person registe	ess association, ered as a lobbyist	other than a public under chapter 30	icly-held corporatio	n, in which you, yo	ur
1 BUSINESS ENTITY			NAME AND AC	DDRESS		
<sup>2</sup> INTEREST HELD BY	☐ FILE	R [	SPOUSE	DEPENDENT CHILE	·	
BUSINESS ENTITY			NAME AND A	DDRESS		
INTEREST HELD BY	FILE	R [	SPOUSE	DEPENDENT CHIL	D	
BUSINESS ENTITY			NAME AND AL	DORESS		
INTEREST HELD BY	FILE	R [	SPOUSE	DEPENDENT CHIL	D	
BUSINESS ENTITY			NAME AND A	DORESS		
INTEREST HELD BY	FILE	R [	SPOUSE	DEPENDENT CHIL	D	
BUSINESS ENTITY			NAME AND A	DORESS		
INTEREST HELD BY	FILE	R [	SPOUSE	DEPENDENT CHIL	D	
			SPOUSE		D	

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(TDD 1-800-735-2989)

## FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER

PART 15

NOTAPPLICABLE					
Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS—INSTRUCTION GUIDE.					
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	☐ \$25,000OR MORE	
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000 <b>-\$24</b> ,999	☐ \$25,000-OR MORE	
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
FEE CATEGORY	LESS THAN \$5,000	<b>\$5,000—\$9,999</b>	☐ \$10,000 <b>—\$24</b> ,999	☐ \$25,000OR MORE	
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
FEE CATEGORY	LESS THAN \$5,000	\$5,000 <b>-</b> \$9,999	\$10,000 <b>-\$24,999</b>	☐ \$25,000OR MORE	
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	S10,000-\$24,999	☐ \$25,000—OR MORE	

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**FEE CATEGORY** 

PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED

Revised 11/17/2010

☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 ☐ \$10,000—\$24,999 ☐ \$25,000—OR MORE

Texas Ethics Commission F	O. Bo	ox 12070 Austin, To	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
REPRESENTATIO STATE AGENCY	NB				PART 16
This section applies only to mentor compensation before a sname of the person represents information, see FORM PFS-IN  Note: Beginning September of agency in the executive branch relationship in a criminal law may on the part of the agency; or executive processing the section of the general section of the	state d, an STRU , 200 . The tter; (2	agency in the executed the category of the authority of the representation in	for compensation, pply if: (1) the repre-	provide the name eceived for the represent another presentation is pursuant ocuments that involve	of the agency, the esentation. For more erson before a state to an attorney/client e only ministerial acts
1 STATE AGENCY					
<sup>2</sup> PERSON REPRESENTED					
FEE CATEGORY		LESS THAN \$5,000	\$5,000-\$9,999	\$10,000 <b>-\$24</b> ,999	☐ \$25,000OR MORE
STATE AGENCY		,		-	
PERSON REPRESENTED					
FEE CATEGORY		LESS THAN \$5,000	\$5,000-\$9,999	☐ \$10,000—\$24,999	☐ \$25,000—OR MORE
STATE AGENCY					
PERSON REPRESENTED					
FEE CATEGORY		LESS THAN \$5,000	\$5,000\$9,999	\$10,000 <b>-\$24</b> ,999	\$25,000OR MORE
STATE AGENCY			F		
PERSON REPRESENTED					
FEE CATEGORY		LESS THAN \$5,00	\$5,000-\$9,999	\$10,000 <b>—\$24,999</b>	\$25,000-OR MORE
co	PY A	ND ATTACH ADDIT	ONAL PAGES AS	S NECESSARY	

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Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

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## BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 17

XX NOTAPPLICABLE

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, see FORM PFS—INSTRUCTION GUIDE.

1 SOURCE OF BENEFIT	NAME AND ADDRESS
<sup>2</sup> BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
. (	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-20	70 (512) 463-5800	(TDD 1-800-735-2989)		
LEGISLATIVE CO	NTINUANC	ES		PART 18		
X NOTAPPLICABLE						
Identify any legislative cont and Remedies Code, or un grounds that an attorney fo	nder another law or	rule that requires or pe	rmits a court to grant cont	the Civil Practice inuances on the		
1 NAME OF PARTY REPRESENTED		a'				
DATERETAINED		-				
3 STYLE, CAUSE NUMBER, COURT & JURISDICTION				-		
DATE OF CONTINUANCE APPLICATION						
WAS CONTINUANCE GRANTED?	YES	□ №	2			
NAME OF PARTY REPRESENTED						
DATE RETAINED						
STYLE, CAUSE NUMBER, COURT, & JURISDICTION						
DATE OF CONTINUANCE APPLICATION			,			
WAS CONTINUANCE GRANTED?	☐ YES	□ NO				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

0028

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## PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

> I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2011, and is true and correct and includes all information required to be reported by me under chapter

> > Signature of Filer

572 of the Government Code.



ANGELINA L. SMITH Notary Public STATE OF TEXAS My Comm. Exp. Apr. 14, 2013

AFFIX NOTARY STAMP / SEAL ABOVE

to certify which, witness my hand and seal of office.

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Revised 10/27/2011

THE STATE OF TEXAS

COUNTY OF DALLAS

I hereby certify that the above and foregoing is a full, true, and correct photographic copy of the griginal recised now in my lawful custody and possession, filed on the date stamped thereon and as the same is recorded in the Recorder's Records in my office under the volume and page or instrument # stamped thereon.

I hereby certify on

SEP 1 1 2-13

COUNTY CLERK, Dallas County, Texas winter Deputy